PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham retary of #tate REINSTATEMEN FILED DOCUMENT # 98 AUG -7 AM 8: 07 1. Corporation Name SECRETARY OF STATE FALLAHASSEE, FLORIDA GUNU'S YOU Service, Inc Principal Place of Business P.O. BOX 9< 1972 holse monn If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 1992 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 3117760 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Zip Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers City / State / Zip and/or Directors Title(s) (Do NOT Use Post Office Box Numbers) 200002611042--7 -08/10/98--01002--002 ****315.00 ****315.00 RV AUG 1 2 1998 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Zip Code ゾタニンくヘ androcc_l 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🗹 No L Intangible Personal Property tax due June 30. 12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

David S. Gunn, President Gunn's Pool Service, Inc/Pool Supply Unlimited P.O. Box 951972 Lake Mary, FL 32750

Florida Dept. Of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

RE: Ref Number V31314

Per my conversation today 8/3/98 with the reinstatement dept, I am returning the completed forms and a check for \$315 which is to bring Gunn's Pool Service Inc. current through the end of 1998. This is due to the oversight of filing last year as we never did receive the re-filing forms from the State and therefore, Gunn's Pool Service could not file.

As per my agreement with the reinstatement department, a total of \$315.00 would be due to us and all other charges would be waived this time. Enclosed you will find the total check for \$315 and the articles of amendment in changing the corporation's name to POOL SUPPLY UNLIMITED.

Thank you.

Sincerely,

David S. Gunn President

407-324-3553

ENC: check. /amendment for name change/reinstatement